

#8

PTO/SB/82 (09-03)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/801,972
Filing Date	3/8/2001
First Named Inventor	William Frank Turner
Art Unit	3748
Examiner Name	John J. Vrablik
Attorney Docket Number	WEATH 137100

I hereby revoke all previous powers of attorney given in the above-identified application.☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number: ☐ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	Michael A. Ervin (M. A. Ervin & Associates)				
Address	8202 Talbot Cove				
Address					
City	Austin	State	Texas	Zip	78746
Country	USA				
Telephone	512-329-6085	Fax	512-329-6085		

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Paul Weatherbee (Spherical Machines)		
Signature			
Date	10/15/2003 11/9/03	Telephone	1-325-695-4637

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

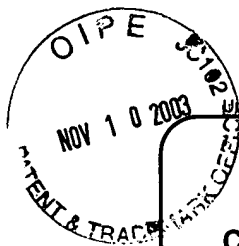
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and
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INDICATION FORM**

Application Number	09/801,972
Filing Date	3/8/2001
First Named Inventor	William Frank Turner
Title	Spherical Fluid Machine
Art Unit	3748
Examiner Name	John J. Vrablik
Attorney Docket Number	WEATH 137100

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Michael A. Ervin	45,711

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Michael A. Ervin				
Address	8202 Talbot Cove				
Address					
City	Austin	State	Texas	Zip	78746
Country	USA				
Telephone	512-329-6085	Fax	512-329-6085		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Paul Weatherbee (Spherical Machines, Inc. , Abilene, Texas)				
Signature					
Date	11/7/03	Telephone	325-695-4637		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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